

Born in Cleveland ☐ YES ☒ NO

PLEASE
LETTER
PLAINLY
OR TYPE

FIRST NAME

LAST NAME

Tel. Ma 1-4 500

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

IMPORTANT

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

William C. Kypur
SIGNATURE